



Health & Social Care Diploma Level 3

Units 4-6

Candidate

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Company

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Unit 4: Duty of Care in Care Settings (D/650/2301)

Why Does Duty of Care Contribute to Safeguarding?

While a duty of care applies in any setting – for example, a business operating in an office block would still have a duty of care towards employees and visitors – it is particularly important in health and social care settings due to safeguarding. This is because such settings often care for those who are most at risk of harm or abuse, such as children or adults with support needs.

As a result, safeguarding and your duty of care go hand in hand. You have a duty to safeguard individuals, promote their wellbeing and ensure that people are kept safe from abuse, harm or injury. You also have a duty to act if you believe that others are not upholding their duty of care – for example, reporting it if somebody you work with is mistreating adults, or whistleblowing if you are concerned about organisational wrongdoing.

Finally, your duty not to work beyond your competencies also closely links to safeguarding. For example, if an individual confides in you that they are being abused by a family member, you have a duty to escalate this and respond to it in accordance with your workplace policies and procedures. However, it would not be your duty to take the matter into your own hands – for example, by confronting the family member yourself – as this lies outside your competencies.

Working in accordance with your duty of care and safeguarding adults is not only a legal requirement but will benefit those you care for by helping you to deliver high quality care, reduce workplace incidents and make it a safer environment, and empower people to raise any concerns they have.

4.1

Write 250 words on how you demonstrate duty of care in your day-to-day work practices.

- Lessons to be learnt through thinking about and agreeing what went wrong to prevent the same thing happening again
- Clients and their families appreciate and trust staff who are honest about things that go wrong and find solutions
- You are in breach of your contract of employment if you do not report errors
- It may flag up the need for a change in policy and practice
- It may flag up a training need for yourself and others to prevent a future occurrence
- It is important to make a formal accurate record of an error so that patterns can be analysed and addressed
- In some instances, a formal complaint or legal action may arise and evidence of what happened would be required
- Failure to flag up an error or covering it up may result in disciplinary action and/ or dismissal
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations enable enforcement agencies to monitor workplace accidents and ill health. Among other things, they can then identify common types of accident; see which types of workplace experience which types of illness and injury; and track the spread of infections.
- Employers and managers have a duty to report certain incidents either by telephone (fatalities and major incidents only) or online (www.hse.gov.uk/riddor); reportable events include:
 - *Accidental death*
 - *Accident resulting in more than 7 days absence from work*
 - *Certain diseases / illnesses (a full list is accessible from the RIDDOR website)*
 - *Injuries to non-employees requiring immediate medical attention*
 - *Near misses (incidents that could have caused serious injury but didn't e.g. a hoist sling tearing while in use)*

Unit 5: Effective Communication in Care Settings (F/650/2302)

Communication with Autistic Spectrum Disorder

Communication and Support

We all need to communicate, be it with family, friends or in a job. It is how we form and build relationships which is what we need to do in order to develop and engage in all parts of society. However, although the majority find this an easy and natural thing to do, for others like those with ASD it can be challenging. Having effective communication requires listening as well as talking. Being polite, considerate and clear about what you are talking about.

In order to interact in conversation with someone with ASD you need to change the way you communicate with them, i.e. what and how you say it, as well as your expectations in the answers they provide.

Being aware of the difficulties individuals have with communication such as; they may not automatically pay attention to you when you start speaking, they may struggle to process what is being said, they struggle with open ended questions, If they don't understand they won't necessarily ask for help, they take things literally, they react badly when I say no, they may hit out if they don't want to do what is being asked.

When communicating with an individual the following tips can be helpful in ensuring that the communication is constructive and understood on both sides.

- Make communication as simple as possible.
- Speak slowly and clearly, although not too slow to be condescending.
- Be patient for a response.
- Don't rush them, be gentle and encouraging.
- Don't force them to look at you when they or you speak.
- Encourage them to speak about things they want to and show an interest.
- Allow time for them to think about things.
- Look out for and be aware of non-verbal signs.

Non-verbal Communication

The problems which those on the Autistic Spectrum have with communication means they have difficulty initiating conversation, replying to people's conversation or interacting with others to be sociable. This can mean that people without ASD struggle to communicate and interact with them. This can sometimes lead people to have a negative opinion towards Autistic people. A common trait with Individuals on the spectrum is that they can have a poor use of language or sometimes a lack of speech altogether, therefore other means of communication need to be introduced.

It can sometimes seem that the individual doesn't hear what you say to them, won't respond or seems uninterested to attempts to communicate with them. They can use others way to communicate which can include:

Gestures/Crying/looking at the object they want/guiding your hand to the object they want/reaching/looking or staring at the object they want/using images/expressing challenging behaviour/repeating other people's words and sentences (echolalia)

Enabling Communication

Whilst it may be tempting to try and do all the communication for somebody with ASD, i.e. it may be quicker, it is less stressful for them and more helpful for the person receiving the information, this is often not the best plan. By doing all the communication the individual starts to rely on somebody else to 'do the talking' for them, what really needs to happen is that they strengthen their skills in conventional communication in order that they become as effective as possible at communicating, this will then give them wider access to social, academic and other opportunities within life.

By supporting communication, it encourages the individual's confidence in doing so autonomously.

There are several ideas which can support communication:

Let them lead – rather than you directing activities let them take the lead. This will improve their attention and promote independence in the early stages – If the individual has only just started to talk then use single words when starting to communicate and use repetition to increase recognition.

Allow time for Communication – Don't jump in and do everything for the individual, this reduces opportunities for communication. Consider their abilities and how much they are able to do before offering help.

If possible, allow them time to do things themselves.

- Let them see your face – this allows them to see the variety of facial that can be used in communication. Always be mindful however that reading your facial expressions at the same time as verbal communication can be too overwhelming for some which could set off negative behaviours.
- Imitation – whilst some advocate imitation and a means to encourage communication it can also set of negative behaviours through confusion.
- Gestures and visual prompts – these can help the individual relate words to activities e.g. when you smile, say the word or when you say “ shut the door” actually do it.
- Other types of visual supports can be photographs, pictures or cue cards.
- Music and role play - some people feel more confident and are more able to communicate when then sing. Think of the many cases which have made headlines of people with stutters losing them when they sing, this can have a similar effect for some people with communication difficulties. Role play is good way to template social interaction including when it can go wrong.
- Feedback – It is always important to give praise for attempts to understand and communicate, this provides encouragement to do so again.
- Encourage communication – Try and design opportunities for communication and interaction to take place this could involve a whole range of things; it could be putting a plate of their favourite biscuits out of their reach so they have to ask for or maybe asking a question which would require a sentence answer e.g. “ what would you like to do now?”
- Encourage interaction – look for opportunities to join in activities with the individual, e.g. find matching pieces in a puzzle for them. By doing so they learn that interaction with somebody else can be enjoyable.

General good practice:

Staff working with individuals with ASD should have skills in maintaining and encouraging communication. They should encourage and “create opportunities for interaction, engagement and involvement and spend time with people for no purpose other than interaction and engagement”*. By doing so this will help them gain confidence and independence and maximise relations and interaction.

It is also good practice to encourage individuals to make their own decisions which will help them feel more in control of their own lives *CQC Brief Guide BG007: Good communication standards for people with a learning disability or autism v2*

Improving communication for individuals

In order to improve communication for individuals the first step is to establish the individual’s capabilities, what they can and cannot do. By working and observing the individual it allows you to not only understand their abilities but also what their learning style is in order to establish what types of communication and support they will need. Just because two individuals have been diagnosed with the same type of autism, it doesn’t mean that the same support method will be effective for them both. Each one will have their own individual challenges, whilst one may understand what they see better than what they hear the other may not, so it is important communication support is established on a 1:1 basis.

Dependent on the individual’s challenges a variety of alternative communications could be used which could include signing, gestures, use of symbols, written communication and Voice Output Communication Aids (VOCAs) which can come in several forms, primarily either supporting speaking (augmentative) or to replace speaking (alternative).

5.1

Write 300 words on how to communicate more effectively in your role, include any personal experiences to help.

also says that the harm done may be social; the person may be further excluded from 'normal' life by barriers to accessing 'ordinary community facilities'. Definition 2, which is solely concerned with the field of dementia care, highlights that challenging behaviour may be a means of communication.

Types of Challenging Behaviour

There are many different types of behaviour that meet the requirements of the definitions above to be recognised as challenging, they include:

- Hitting, kicking, pinching, biting and other physically aggressive acts
- Shouting, swearing and verbal insults or aggression
- Wandering (another controversial term to be discussed later)
- Repetitive questioning
- Inappropriate sexual expression
- Self harming
- Hoarding
- Non-compliance with care
- Urinating in inappropriate places
- Smearing faeces

This is by no means an exhaustive list but it demonstrates the variety of behaviours that may be described as challenging. Some of these such as hitting are obviously physically harmful; others have less obvious negative effects. Someone without experience of dementia might wonder why repetitive questioning was potentially harmful while a man whose wife asked him the same thing hundreds of times a day might recognise how much this increased his likelihood of shouting at her and his need for time away from her.

Difficulty Communicating

Memory loss, impaired language skills, sensory impairments and loss of physical abilities can all affect people's ability to communicate. This can lead to misunderstandings when speech is misheard or misinterpreted or frustration when the person cannot get their needs or feelings across.

There is a great deal of fear associated with a diagnosis of dementia; it's vital that you have a positive outlook and believe that good care can lead to improved outcomes. People with dementia can experience good quality of life

and can be happy and fulfilled.

There is a common misconception that people with dementia have in some way ceased to be themselves; certain common symptoms challenge our understanding of personhood:

- Communication difficulties – if they are unable to make their feelings known it can be hard for people around to empathise or to understand what their experience of dementia might be
- Difficulty understanding – the person with dementia may find it hard to follow normal conversation or to interpret events which occur around them; this can cause them to act in ways which seem inappropriate, to withdraw into themselves or to experience anxiety
- Memory loss – chronic memory loss can mean that the person fails to recognise their loved ones, is unable to recall recent events and can no longer carry out simple tasks because they can't remember how to do them. These problems and the fact that the person may to some degree regress to a time in the past that they can remember can lead us to compare caring for a person with dementia with caring for a child. This identification of „childlike“ qualities in the person with dementia can be dangerous as it prevents us from seeing them as the adults they are and treating them with the respect they deserve

Communication and Support

Barriers to communication cause misunderstandings and frustration; we have all experienced problems at one time or another, dementia makes communication more challenging because of the way it can affect people's physical and mental abilities.

Processing information – people with dementia may have difficulty understanding information or keeping up with conversation. Memory loss and reduced mental speed can mean that they are unable to take in more than one idea or instruction at a time. If people speak quickly or give several instructions at once this can lead to confusion and frustration.

The person talking may become annoyed that they are not receiving appropriate responses, while the person with dementia becomes increasingly confused and irritated that the person speaking to them is not giving them a

chance to understand and respond.

Forgetting words – chronic forgetfulness is common to all types of dementia; all of us forget words sometimes, for people with dementia the loss is permanent, and it becomes increasingly difficult to pass on information, express emotion or ask for things.

If simple words are forgotten people need to find other ways of saying what they want; they may use long winded descriptions or become more reliant on gestures and other non-verbal forms of communication.

Sensory problems – don't forget that people with dementia may also be affected by other physical problems which make communication more difficult, including sight and hearing difficulties. It's important to make sure that clients have regular medical check-ups to identify and treat any sensory deterioration. Glasses, hearing aids etc. must be being used and kept in good condition.

Non-verbal Communication

The words we use are often only a small part of the way we communicate; our body language, voice, facial expression and gestures are also extremely important. As individuals conscious understanding of verbal communication deteriorates they rely more on the visual and aural cues they receive. Ensure that your manner and tone of voice are open and friendly and consider the following alternatives to speech:

- Use flashcards or pictures
- Agree signs or gestures that you and the client can both use and understand
- When giving an instruction act out your meaning e.g. mime drinking while asking would you like a drink
- Use gentle and appropriate touch to give comfort and to help the client to focus on you
- Write down key information if this will be useful to the client e.g. simple instructions for regular tasks, labels for drawers

Enabling Communication

Individuals with dementia need the people around them to be patient and compassionate to promote on-going communication. Without support people with dementia may feel that they can no longer express themselves verbally and may use behaviours to communicate feelings and needs.

Behaviours used when carers fail to support communication may include:

- Shouting apparently meaningless words / phrases in an attempt to get people's attention
- Following carers / other clients around – this may be an attempt to seek comfort or conversation
- Moaning / screaming / head banging – may all be expressions of unrecognised pain
- Aggressive / violent acts may be responses to being ignored or neglected

Attention seeking is seen as negative behaviour but if you are being ignored, if your needs are unmet and your emotions disregarded, attention seeking is an understandable response to your situation. Think about your last few days at work; how often do you give clients your undivided attention? How regularly do your interactions with clients go beyond "hello Mrs Jones, how are you today? "

General good practice:

- Minimise background noise – television, radios and general chatter and clatter will make speech more difficult to hear
- Position yourself in a way that makes the other person feel comfortable – where they can see you, at arm's length to give them space, on the same level i.e. if they are sitting, sit or crouch, if they are standing, stand with them
- Move closer and use touch only when you know it is appropriate – if you need to provide comfort and the person is at ease with you, you may move closer and gently place your hand on their shoulder or forearm (avoid touching

legs or any part of the body that might be considered intimate)

- Make sure that your facial expressions and posture are open and friendly
- Gestures such as thumbs up and nods can be useful, but take care to avoid any that might cause offence e.g. shrugging, pointing
- Speak clearly without slang, swearing or jargon
- Use active listening skills to show you are interested – use encouraging words and noises “go on”, “I hear you”; maintain regular, not constant, eye contact; occasionally ask questions to check that you have understood

Improving Communication for Individuals

Clients care plans must include information about their communication needs. These should be individually assessed through talking to the client, getting information from their loved ones, reading their medical history and observing their interactions.

A valuable exercise for developing person-centred ways of supporting communication is to create a life book with the client. This has 3 other main benefits:

- It teaches carers about the client and helps them to see a person instead of a condition
- It becomes a tool for reminiscence allowing the client to reflect on their past without relying on memory
- It can help family members and friends to reconnect with their loved one and share memories and feelings

Life books can include labelled photographs, postcards of familiar places, accounts of life events, dates of celebrations, and anything that will have meaning for the client. Pictures, including those of everyday objects or old adverts, can trigger memories and help clients and carers to find new ways of connecting. As time goes on remember that abilities will deteriorate and communication needs will change; be sensitive to the clients’ increased dependence on you.

Advocacy

Many people receiving care would benefit from access to advocacy services to support them in understanding choices and contributing to decisions. It's important that you are familiar with advocacy services available in your local area and that you know how to put your clients in touch with them.

Advocates can help to break down communication barriers between clients and carers and can represent clients' views in an unbiased independent way. Details of advocates with experience of working with people with dementia can be found at www.alzheimers.org.uk or www.dementiauk.org

Promoting Interactions

While it is extremely important that your clients have regular opportunities to talk with carers, it's also beneficial for them to interact with each other. While some clients may prefer their own company, most would probably appreciate the opportunity to form new friendships.

To give clients the best chance to chat to each other arrange furniture in comfortable groups so that they can see and hear each other; introduce activities that encourage conversation and organise mealtime seating to encourage social interaction.

People in the later stages of dementia are likely to need more help than those who are just developing the disease. Be patient yourself and encourage clients to be patient and tolerant of each other.

Professional Help

To ensure that clients are given the best support possible to communicate it may be necessary to work with other health professionals:

- Speech and language therapist – may be able to give ideas for improving communication and help with any physical problems
- Occupational therapist – may suggest activities that would enable the client to interact with other people

Unit 6: Handling Information in Care Settings (H/650/2303)

Introduction

Record keeping is an essential part of health and social care and is part of the role and responsibilities of all care workers. As Law et al (2010), states record keeping remains the primary source of communication for all health care professionals therefore accuracy of records will have a profound effect on the overall quality of care the individual receives.

If records are not completed accurately, communication between health professionals can break down resulting in poor care. Although there is no one method of record keeping, there are recognised principles and standards that can be used by all health professionals as a framework in maintaining accurate care records. Good and accurate record keeping is part of a carer's 'duty of care' and is an important skill which needs to be performed with accuracy at all times.

What are Records and Health Care Documentation?

Accurate record keeping plays a fundamental part in providing high quality health care. Firstly, because good standards of record keeping will contribute to improving individual care and secondly accurate records will protect and safeguard the person completing the records by detailing what they have or have not done.

As a carer yourself it's vital you do not underestimate the contribution accurate record keeping plays in these areas as well as your ability to help in ensuring it is achieved. Records that are clearly presented, legible and which comprehensively describes the care given to your clients will enhance communication between the individual with care and support needs, family and the health care team. There are many types of records used in health and social care, so it's important to discuss what is meant by the terms 'health record' and 'documentation'.

What is a Health Record?

Here are some examples of what health records are:

‘A health record can be defined as a database or collection of dedicated information about a person which can be used to preserve evidence of the person’s health care journey’.

‘A health record is a collection of information that is unique to the individual client. It ensures that the client is correctly identified and that they receive the right treatment. This personal information can be recorded and stored in a number of formats: paper, scans, microfiche and computer (electronic).

The General Data Protection Regulation (GDPR) is a key piece of law introduced in the UK in May 2018 which as a carer you should have a good understanding of particularly in areas associated with your role and if you haven’t received a full briefing from your Manager on your GDPR accountabilities you should ask for it now.

This regulation was produced in order to consistently protect an individual’s personal data stored either on computers or in an organised filing system and how it is used and managed. It states that information contained in a record should be known to the client, accessible, accurate, kept up to date and secure.

The client also now has the right to be forgotten which includes the deletion of all data held on that individual. The regulation also maintains the principle that all staff who have access to this information have a legal duty to protect the confidentiality of the information.

General Data Protection Regulation (GDPR)

You are accountable for the way you manage and treat personal data of the people you care for and those who are individuals of the business you work in. Your manager or business owner is accountable for providing you with the training and understanding of the issues surrounding the General Data Protection Regulation in the workplace, outlining the new regulation and includes what the changes mean, what is required to remain compliant for those who process personal data.

Below is a brief summary of what you should be expected to know as a minimum in terms of knowledge and understanding.

The European Commission has introduced the General Data Protection Regulation (GDPR) which will be implemented on 25th May 2018.

The regulation has mainly been implemented in order to:

- Force companies to be clearer on their data collection and usage
- Improve data protection and prevent data infringement
- Establish improved control and reactivity to prevent data leakage

These new regulations play an important role at a time when both the volume of data is increasing, and threats are growing at a similar rate.

A key factor of any organisation's GDPR compliance is staff awareness and education.

Some of the important aspects of GDPR that should be covered in all training sessions:

- Principles
- Key definitions
- Lawful bases for processing
- Individual rights
- Accountability and Governance
- International Transfers
- Personal data breaches
- Security

The Data Protection Bill 2017 recognises that a health record is any record which:

- Contains personal medical or non-medical information relating to a person.
- Has been written or recorded by a health professional such a doctor, nurse or carer

Types of Health Records

While health and social care organisations are embracing developments in information technology, records / health documentation are found in a variety of formats and although there is a gradual use of electronic records, paper-based health documentation still remains widely used.

The writing of individual's records remains an integral part of the care workers role and if it is accurate, timely and comprehensive it should reflect quality care. The professional body that regulates nurses and midwives, the Nursing and Midwifery Council (NMC 2010) states that record keeping is an essential part of safe and competent care for both nurses and carers

Accuracy in record writing should apply to all types and formats of records, regardless of how they are held, these can include the following examples:

- Clinical case records / operation records (Medical records)
- Social service case (Multidisciplinary records)
- Emails, letters, referral forms (Multidisciplinary records)
- Blood test results, X-rays (Medical records)
- Daily care notes, admission records (Nursing records)
- Risk assessment forms (Nursing / Care records)
- Accident reports and incident statements (Multidisciplinary records)
- Care charts, e.g. Food / weight charts (Nursing / Care records)
- Medication administration sheets (Medical / Nursing/ Care records)

6.1

Write 400 words on types of health records your company keeps and how you keep them private

A series of 30 horizontal dashed lines for writing.

Functions of Health Records

There are many different types of records used in health and social care the ultimate goal of accurate record keeping is to maintain the safety of the individual by protecting them from any potential mistakes in treatment or care.

For example, not recording the giving of a medicine to an individual on a medication administration record could lead to the medicine being given again and overdosing the client.

Recording allows for the different stages of a individual's care progress to be monitored and should provide evidence of the evaluation of care. From this information individual care needs can be then adapted or changed if required.

Good record keeping also provides evidence of the actions of the care worker in supporting the client in meeting their health needs.

For all those working in health and social care it's vital to recognise that health records have a very important legal and professional function. All records will be regarded as legal documents and can be called upon to be used as evidence in courts of law, at inquests and tribunals and for the purpose of official investigations.

Health records are very necessary in today's NHS and they have two main functions.

- The primary function of health records is to store important clinical information.
- The secondary function is to use the information in health records in an attempt to improve services / treatment delivered by the NHS such as accident and emergency care or the prevention of strokes in the UK.

Primary function

(Recording of clinical details by a health professional).

These could include;

- Record of treatments. Any allergies
- Current medications
- Problems with any medications. History of health conditions.
- Previous illness/operations e.g. cancer, stroke, epilepsy
- Blood results, tests or x-rays.
- Personal details / lifestyle information
- Name of GP/ Social worker etc

Secondary function

Using the information and data in NHS records to improve services.

E.g. increase resources in staffing levels or improvements in waiting times for operations.

To monitor the spread of, or risk from a particular disease, e.g. flu. Asthma, diabetes.

To be used in the field of clinical research. E.g. medication treatments

Accurate health records should always give a factual account of what care has been given. Records, particularly risk assessments, should not only provide details of the actual care given but should provide clear information of why the decision was made to initiate this type of care.

Therefore, any decisions or the reasons behind care actions or changes in treatment must always be written in a person's record. This is very important for carers when demonstrating compliance with legislation; for example, the 'best interest' principles of the Mental Capacity Act (2005).

Records should also show if the individual has declined any care or treatment and what alternatives have been offered to support the individual following this decision.

Good and Poor Record Keeping

Good record keeping will:

- Improve information sharing
- Support communication
- Be proof of care delivered
- Demonstrate best practice

Improve Information Sharing

Accurate record keeping allows for the sharing of information between all members of the health care team and should relate to the whole individual. The complete needs of the individual must be taken into consideration when planning their care requirements. This is called having a person-centered approach to care and these care needs should include **P.I.E.S**

- The physical needs
- The intellectual needs
- The emotional needs
- The social needs

Improved Communication

In the case of Mrs. Sinn Oe Cho having the right information in her health records enabled the members of the care team to consult with each other, talk with her family and respond quickly and appropriately to meet her care needs. The process demonstrates how communication can be improved through accurate records.

Shows Proof of Care

Health records must show proof of care given as well as the health care worker involved in providing it. The record should clearly explain the reasons for the care or treatment provided to an individual. This will allow health workers to quickly identify problems re-assess the individual's needs and then plan to put measures in place that are better suited for the individual.

Stevens & Pickering 2010 suggests that providing this proof or evidence is vital in maintaining continuity of care and avoiding errors in care. This has been well demonstrated in the scenario of Mrs. Sinn Oe Cho where carrying out a falls prevention risk assessment identified several risk factors which could have caused her to fall again.

Following this assessment, the home's care staff were made aware, referrals made to the appropriate health professionals, and with the agreement of Mrs. Sinn Oe Cho and her family, care interventions were put in place to prevent further falls.

Demonstrates Best Practice

A health record must always identify the care worker who has made the entry in the records. This information proves who has delivered the care to the individual. Identifying the care worker who has written in the records makes them responsible and accountable for what they have written.

McGeehan 2007 states that written entries in records will be viewed positively as being completed by a skilled carer whereas a poor record could give the impression that the standard of the care worker is poor and therefore, they may be viewed negatively.

Fraser (2010) suggested that where a carer maintains neat and accurate records, it could be assumed that they will adopt the same approach to their care. If records are 'sloppy' and badly written, we may guess that the care being given is poor.

The benefits of good record keeping:

- Improved standards and continuity of care.
- Improved communication between care staff.
- Correct account of the delivery of care and how the care was planned.
- Alerts staff to problems and allows them to respond quickly.
- Show aspects of care that have not been done as well as those that have.

The risks of poor record keeping:

- Errors of treatment e.g. medication errors.
- Inaccurate care is given due to poor communication.
- Important vital signs observations not recorded e.g. blood pressure and so information not passed on to the person in charge or the Doctor.
- Risk to the health and safety of an individual with care and support needs and carers e.g. failure to document moving and handling.
- Individuals missing pre-booked outpatients' appointments or clinics.
- Poor morale / dissatisfaction from individuals and their relatives.

Legal and Professional Issues

Ensuring good records is a serious aspect of care and is the professional responsibility of all carers. Therefore, they should have an understanding of the most important laws which are associated with health records

General Data Protection Regulation (GDPR)

From 25 May 2018, most processing of personal data by organisations will have to comply with the General Data Protection Regulation. (GDPR)

The Data Protection Bill 2017

Information stored in any way, whether on paper or computer must be confidential and secure. People have the right to see their own records.

Freedom of Information Act (2005)

This allows a person to request information from a public body such as the NHS.

***The Care Quality
Commission (CQC)***

The CQC is the body which regulates and inspects care providers. Guidance on meeting the record keeping requirements of the Health and Social Care Act 2008 can be found in their publication 'Essential Standards of Quality and Safety' which can be found at www.cqc.org.com

CQC: Regulation 20- Outcome 21 (Records)

People's personal records must be accurate, fit for purpose, held securely and remain confidential.

What is written in care records is the responsibility of the person who has made the record. No one else can be held responsible for it. Carers should not write care records on behalf of any other carer.

Carers must keep up to date with relevant best practice guidelines, policies and processes for completing health records within their own working environment (A nominated person or data controller will be in charge of this in your company and should be able to give you a full copy of their policies and procedures and complete comprehensive training in line with the guidelines and your role). This is because any carer could be summoned to court to give evidence in relation to what took place during that period of care (Dimond 2008).

For How Long Should Health Records be Kept?

As has been previously discussed all care workers are legally accountable for what they have written in health records, they also need to remember that all individuals need to be aware of what records we keep of them and why from the start of any individual relationship, whatever we write in a record and be

able to request to view any records of their personal data themselves. For these reasons all entries need to be clear, intelligible, factual, and free of demeaning statements and value judgements.

Health records must always meet the legal requirements set by the General Data Protection Regulation and Freedom of Information Acts.

Currently:

- GP records are kept for 10 years after the death of a client.
- GP records relating to children are kept until they are 25 years old.
- Maternity records are also kept for 25 years.
- Mental health records are kept for 20 years.

The accuracy of records written by carer is crucial when defending the carer practices either in a malpractice lawsuit or investigation. Cases may be won or lost based on the quality of documentation.

Accurate record keeping can be seen as a 'shield' in defending health professionals against legal action. In law courts, poor records mean poor defence, while no records mean no defence (Smith & Field 2011).

Barriers to Good Record Keeping

The reasons why care staff are not able to write accurate health records remains a point of debate but the most common barriers to record keeping appear to be the following:

- Workload pressures resulting in lack of time to complete the records.
- Staff may not consider record keeping such a high priority compared to the individual's care.
- Staff view writing records as a chore.
- Too many distractions and unexpected events.
- Lack of staff training, directives, supervision or support
- Lack of resources, paperwork, forms.

- Staff may have a fear of making mistakes, punishment, breaching individuals' rights, possible litigation.
- IT system knowledge gaps and system breakdowns.

Professional Issues

Duty of Care

All care providers have a duty of care to individuals with care and support needs. This means they must aim to provide high quality care to the best of their ability. If you are unable to achieve this then you must always report to the manager and explain the reasons why you are unable to do so.

Accountability

The principle of accountability applies to all health care providers. To be protected from legal action if things go wrong, you must be able to show that you were following appropriate guidelines, policies and procedures, and the law. Evidence of this should be found in the records you create.

Registered nurses are accountable under the NMC's code of professional conduct, and carers are accountable for their own work under their workplace policies and Skills for Care (DOH) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, and 'Compassion through practice' the values encompassing the 6 C's

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

A series of 30 horizontal dashed lines for writing.